

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90042 003 \*\*\*150.00

**DOCUMENT # P02000008082**

1. Entity Name  
**D&S SALES CORPORATION, INC.**



40017340



01052005 Chg-P CR2E034 (10/03)

Principal Place of Business  
**3660 MAX PLACE**  
**106**  
**BOYNTON BEACH, FL 33436**

Mailing Address  
**3660 MAX PLACE**  
**106**  
**BOYNTON BEACH, FL 33436**

2. Principal Place of Business  
**7507 VIA LURIA**

3. Mailing Address  
**7507 VIA LURIA**

Suite, Apt. #, etc.

City & State  
**LAKE WORTH FL**

City & State  
**LAKE WORTH FL**

Zip  
**33467**

Country  
**USA**

Zip  
**33467**

Country  
**USA**

4. FEI Number  
**90-0002974**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STATEMAN, DAVID A**  
**3660 MAX PLACE**  
**106**  
**BOYNTON BEACH, FL 33436**

7. Name and Address of New Registered Agent

Name  
**DAVID A. STATEMAN**

Street Address (P.O. Box Number is Not Acceptable)  
**7507 VIA LURIA**

City  
**LAKE WORTH FL** Zip Code  
**33467**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *David A. Stateman* DATE **1/5/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STATEMAN, DAVID A. 3660 MAX PLACE # 106 BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD STATEMAN, SONDR A 3660 MAX PLACE # 106 BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID A. STATEMAN 7507 VIA LURIA LAKE WORTH FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SONDR A H. STATEMAN 7507 VIA LURIA LAKE WORTH FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David A. Stateman* *Sondra H. Stateman* DATE **1/5/05** Daytime Phone # **261-966-3790**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR